# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force



### Incident Information

| | | | |
|---|---|---|---|
| URN: 916-12557-1122-094 | Date: 07/21/16 | Time: 0039 hrs | |
| Location: [redacted] West Lancaster Blvd | City or Station: Lancaster | | |
| Bureau/Station/Facility: NPD/Lancaster Station | Admin. Investigation: (●) YES ( ) NO | | |
| Type of Force: Resisted Handcuffing, Control Holds, Taser, Personal Weapons | | | |
| Incident Category: ( ) 1 ( ) 2 (●) 3 | Deputy Injury: ( ) YES (●) NO | Suspect Injury (●) YES ( ) NO | |
| ☒ Call | ☐ Observation | ☐ Detail | ☐ Foot Pursuit ☐ Vehicle Pursuit |
| IAB Notified: (●) YES ( ) NO | Person Notified: Lt. Roberta Granek | Emp: [redacted] | IAB Roll Out (●) YES ( ) NO |

### Involved Employee

**E1**

| | | | | | |
|---|---|---|---|---|---|
| Employee #: [redacted] | Last Name: Chipinka III | First Name: John | Middle I.: J | Rank: DSG | |
| Sex: (●) M ( ) F | Race: W | Height: 6' 02" | Weight: 225 | Age: [redacted] | Shift: (●) EM ( ) Day ( ) PM; (●) Regular Shift ( ) OT Shift ( ) Off Duty |
| Unit of Assignment: Lancaster Station | Work Assignment (Unit #, Module, etc.): 112A | | | | |
| Individual Force Used: Control Holds/ Resisted Handcuffing | ( ) Directed ( ) Rescue ( ) Medical Assist | Individual Category (●) 1 ( ) 2 ( ) 3 | | | |
| ☐ Injured ☐ Treated ☐ Admitted | Facility: | Coroner Case # | | | |

**E2**

| | | | | | |
|---|---|---|---|---|---|
| Employee #: [redacted] | Last Name: [redacted] | First Name: [redacted] | Middle I.: [redacted] | Rank: DSG | |
| Sex: (●) M ( ) F | Race: W | Height: 5' 05" | Weight: 120 | Age: [redacted] | Shift: (●) EM ( ) Day ( ) PM; (●) Regular Shift ( ) OT Shift ( ) Off Duty |
| Unit of Assignment: Lancaster Station | Work Assignment (Unit #, Module, etc.): 112 | | | | |
| Individual Force Used: [redacted] | ( ) Directed ( ) Rescue ( ) Medical Assist | Individual Category ( ) 1 [redacted] ( ) 3 | | | |
| ☐ Injured ☐ Treated ☐ Admitted | Facility: | Coroner Case # | | | |

**E3**

| | | | | | |
|---|---|---|---|---|---|
| Employee #: [redacted] | Last Name: Courtial | First Name: Michael | Middle I.: J | Rank: DSG | |
| Sex: (●) M ( ) F | Race: W | Height: 6'02" | Weight: 280 | Age: [redacted] | Shift: (●) EM ( ) Day ( ) PM; (●) Regular Shift ( ) OT Shift ( ) Off Duty |
| Unit of Assignment: Lancaster Station | Work Assignment (Unit #, Module, etc.): 111 | | | | |
| Individual Force Used: Control Holds / Resisted Handcuffing/ Personal Weapons | ( ) Directed ( ) Rescue ( ) Medical Assist | Individual Category ( ) 1 ( ) 2 (●) 3 | | | |
| ☐ Injured ☐ Treated ☐ Admitted | Facility: | Coroner Case # | | | |

### On Duty Supervisor

☐ Additional Involved Employees

| Emp # | Last Name | First Name | Middle I. | Rank | Present | Witness to Incident |
|---|---|---|---|---|---|---|
| [redacted] | Molidor | James | D. | SGT | YES ( ) NO (●) | YES ( ) NO (●) |

### Supervisor Completing Investigation

| Emp # | Last Name | First Name | Middle I. | Rank | Present | Witness to Incident |
|---|---|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] | SGT | YES ( ) NO (●) | YES ( ) NO (●) |

### Watch Commander / Supervising Lieutenant

| Emp # | Last Name | First Name | Middle I. | Rank |
|---|---|---|---|---|
| [redacted] | Granek | Roberta | C | Lt. |

Watch Commander / Supervising Lieutenant's **Signature:** [signature] Date: 3/5/18 Copy Provided to Employee by: Emp #:

Unit Commander **(Print Name)** Unit Commander's **Signature**: Emp #: Date

DISCOVERY Use Only
FO#

☐ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

# Supervisor's Report on Use of Force
# INVOLVED EMPLOYEE - Continuation

9 1 6 - 1 2 5 5 7 - 1 1 2 2 - 0 9 4



## Involved Employee

**E4**

| Employee # | Last Name | First Name | Middle I. | Rank |
|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] | DSG |

| Sex: | Race: | Height: | Weight: | Age: | Shift: | |
|---|---|---|---|---|---|---|
| (●) M ( ) F | W | 6'02" | 285 | [redacted] | (●) EM ( ) Day ( ) PM | (●) Regular Shift ( ) OT Shift ( ) Off Duty |

Unit of Assignment: Lancaster Station

Work Assignment (Unit #, Module, etc.): 111A

Individual Force Used: [redacted]

( ) Directed ( ) Rescue ( ) Medical Assist

Individual Category: [redacted] ( ) 2 ( ) 3

☐ Injured ☐ Treated ☐ Admitted Facility: ____________

Coroner Case #

**E__**

| Employee # | Last Name | First Name | Middle I. | Rank |
|---|---|---|---|---|
| | | | | |

| Sex: | Race: | Height: | Weight: | Age: | Shift: | |
|---|---|---|---|---|---|---|
| ( ) M ( ) F | | | | | ( ) EM ( ) Day ( ) PM | ( ) Regular Shift ( ) OT Shift ( ) Off Duty |

Unit of Assignment:

Work Assignment (Unit #, Module, etc.):

Individual Force Used:

( ) Directed ( ) Rescue ( ) Medical Assist

Individual Category: ( ) 1 ( ) 2 ( ) 3

☐ Injured ☐ Treated ☐ Admitted Facility: ____________

Coroner Case #

**E__**

| Employee # | Last Name | First Name | Middle I. | Rank |
|---|---|---|---|---|
| | | | | |

| Sex: | Race: | Height: | Weight: | Age: | Shift: | |
|---|---|---|---|---|---|---|
| ( ) M ( ) F | | | | | ( ) EM ( ) Day ( ) PM | ( ) Regular Shift ( ) OT Shift ( ) Off Duty |

Unit of Assignment:

Work Assignment (Unit #, Module, etc.):

Individual Force Used:

( ) Directed ( ) Rescue ( ) Medical Assist

Individual Category: ( ) 1 ( ) 2 ( ) 3

☐ Injured ☐ Treated ☐ Admitted Facility: ____________

Coroner Case #

**E__**

| Employee # | Last Name | First Name | Middle I. | Rank |
|---|---|---|---|---|
| | | | | |

| Sex: | Race: | Height: | Weight: | Age: | Shift: | |
|---|---|---|---|---|---|---|
| ( ) M ( ) F | | | | | ( ) EM ( ) Day ( ) PM | ( ) Regular Shift ( ) OT Shift ( ) Off Duty |

Unit of Assignment:

Work Assignment (Unit #, Module, etc.):

Individual Force Used:

( ) Directed ( ) Rescue ( ) Medical Assist

Individual Category: ( ) 1 ( ) 2 ( ) 3

☐ Injured ☐ Treated ☐ Admitted Facility: ____________

Coroner Case #

**E__**

| Employee # | Last Name | First Name | Middle I. | Rank |
|---|---|---|---|---|
| | | | | |

| Sex: | Race: | Height: | Weight: | Age: | Shift: | |
|---|---|---|---|---|---|---|
| ( ) M ( ) F | | | | | ( ) EM ( ) Day ( ) PM | ( ) Regular Shift ( ) OT Shift ( ) Off Duty |

Unit of Assignment:

Work Assignment (Unit #, Module, etc.):

Individual Force Used:

( ) Directed ( ) Rescue ( ) Medical Assist

Individual Category: ( ) 1 ( ) 2 ( ) 3

☐ Injured ☐ Treated ☐ Admitted Facility: ____________

Coroner Case #

# Supervisor's Report on Use of Force
## SUSPECT INFORMATION

916 - 12557 - 1122 - 094



### Suspect Information

S 1

| Last Name | First Name | Middle Name | Armed? Select |
|---|---|---|---|
| Nevarez | Conrad | Vargas | Not Armed |

AKA Last Name | First Name | Middle Name

| Sex | Race | Age | Height | Weight | D.O.B | Phone #1: ○ H ○ W ○ C | Phone #2: ○ H ○ W ○ C |
|---|---|---|---|---|---|---|---|
| (◉) Male ○ Female | H | 50 | 5' 11" | 250 | 09/11/67 | NONE | |

Street Address: [redacted] City: [redacted] State & Zip Code: [redacted]

Booking #: 4727811 Primary Charge Code: 664/10851(a)VC Secondary Charge Code: [redacted] Criminal History

Treated on Scene? (◉) YES ○ NO Name: ______ Unit: ______ Phone #: ______

Hospital Admission? ☒ Rec'd Treatment At: AVHMC Coroner Case #: ______ Mental History ☐ User's guide provides direction on this entry

By: Dr. Michael Gertz Address: 1600 W. Avenue J Lancaster, CA 93534 Phone #: 661-949-5000

Under Influence: (◉) YES ○ NO Substance: Alcohol 5150 a factor in force? ○ YES (◉) NO User's guide provides direction on this entry

Suspect Interview

Date: 07/21/16 Time: 0945 ☐ Audiotape: ☒ Videotape: ☒ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS

### Suspect Information

S__

Last Name | First Name | Middle Name | Armed? Select

AKA Last Name | First Name | Middle Name

Sex: ○ Male ○ Female | Race: | Age: | Height: | D.O.B. | Weight: | Phone #1: ○ H ○ W ○ C | Phone #2: ○ H ○ W ○ C

Street Address: City: State & Zip Code:

Booking #: Primary Charge Code: Secondary Charge Code: ☐ Criminal History

Treated on Scene? ○ YES ○ NO By: ______ Unit: ______ Phone #: ______

Hospital Admission? ☐ Rec'd Treatment At: ______ Coroner Case #: ______ Mental History ☐ User's guide provides direction on this entry

By: ______ Address: ______ Phone #: ______

Under Influence: ○ YES ○ NO Substance: 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Suspect Interview

Date: Time: ☐ Audiotape: ☐ Videotape: ☐ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS

### Suspect Information

S__

Last Name | First Name | Middle Name | Armed? Select

AKA Last Name | First Name | Middle Name

Sex: ○ Male ○ Female | Race: | Age: | Height: | D.O.B. | Weight: | Phone #1: ○ H ○ W ○ C | Phone #2: ○ H ○ W ○ C

Street Address: City: State & Zip Code:

Booking #: Primary Charge Code: Secondary Charge Code: ☐ Criminal History

Treated on Scene? ○ YES ○ NO By: ______ Unit: ______ Phone #: ______

Hospital Admission? ☐ Rec'd Treatment At: ______ Coroner Case #: ______ Mental History ☐ User's guide provides direction on this entry

By: ______ Address: ______ Phone #: ______

Under Influence: ○ YES ○ NO Substance: 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Suspect Interview

Date: Time: ☐ Audiotape: ☐ Videotape: ☐ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS



☐ **Additional Suspects Involved**

## Supervisor's Report on Use of Force
## EMPLOYEE / NON-EMPLOYEE INFORMATION

9 1 6 - 1 2 5 5 7 - 1 1 2 2 - 0 9 4



### Employee Witnesses

| Emp. # | Last Name | First Name | Middle Name |
|---|---|---|---|
| [redacted] | Guardado | Andres | N.M.N. |

| Unit of Assignment: | Work Assignment (Unit #, Module, etc.): | Shift: | |
|---|---|---|---|
| Lancaster Station | 112B | (●) EM ( ) Day ( ) PM | (●) Regular ( ) OT ( ) Off Duty |

| Emp. # | Last Name | First Name | Middle Name |
|---|---|---|---|
| [redacted] | Grajales | Marco | A. |

| Unit of Assignment: | Work Assignment (Unit #, Module, etc.): | Shift: | |
|---|---|---|---|
| Lancaster Station | 113 | ( ) EM ( ) Day (●) PM | (●) Regular ( ) OT ( ) Off Duty |

| Emp. # | Last Name | First Name | Middle Name |
|---|---|---|---|
| [redacted] | Regalado | Freddy | N.M.N |

| Unit of Assignment: | Work Assignment (Unit #, Module, etc.): | Shift: | |
|---|---|---|---|
| Lancaster Station | 113 | ( ) EM ( ) Day (●) PM | (●) Regular ( ) OT ( ) Off Duty |

### Non-Employee Witnesses

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| [redacted] | [redacted] | | [redacted] | [redacted] |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| [redacted] | [redacted] | | [redacted] | [redacted] |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| [redacted] | [redacted] | | [redacted] | [redacted] |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| [redacted] | [redacted] | [redacted] | [redacted] | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |



☒ Additional Witness

# Supervisor's Report on Use of Force
## EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation

916 - 12557 - 1122 - 094



**Employee Witnesses**

| Emp. # | Last Name | First Name | Middle Name |
|---|---|---|---|
| [redacted] | Molidor | James | D. |

| Unit of Assignment: | Work Assignment (Unit #, Module, etc.): | Shift: | |
|---|---|---|---|
| Lancaster Station | 110S | (●) EM ( ) Day ( ) PM | (●) Regular ( ) OT ( ) Off Duty |

| Emp. # | Last Name | First Name | Middle Name |
|---|---|---|---|
| | | | |

| Unit of Assignment: | Work Assignment (Unit #, Module, etc.): | Shift: | |
|---|---|---|---|
| | | ( ) EM ( ) Day ( ) PM | ( ) Regular ( ) OT ( ) Off Duty |

| Emp. # | Last Name | First Name | Middle Name |
|---|---|---|---|
| | | | |

| Unit of Assignment: | Work Assignment (Unit #, Module, etc.): | Shift: | |
|---|---|---|---|
| | | ( ) EM ( ) Day ( ) PM | ( ) Regular ( ) OT ( ) Off Duty |

**Non-Employee Witnesses**

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

| Last Name | First Name | Middle Name | Age | D.O.B. |
|---|---|---|---|---|
| | | | | |

| Street Address | City | Zip Code | Phone #1 | Phone #2 |
|---|---|---|---|---|
| | | | | |

# Supervisor's Report on Use of Force
## 916-12557-1122-094

***Method***

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

***Type of Injury***

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

***Body Part Injured***

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

| FORCE USED BY | | FORCE USED AGAINST | | Method (Code) | Type of Injury (Code) | Body Part (Code) |
|---|---|---|---|---|---|---|
| Name | E# or S# | Name | E# or S# | | | |
| Nevarez | S1 | Chipinka | E1 | UC | NN | |
| | | | | RS | NN | |
| Nevarez | S1 | [redacted] | E2 | UC | NN | |
| | | | | RS | NN | |
| Nevarez | S1 | Courtial | E3 | UC | NN | |
| | | | | RS | NN | |
| Nevarez | | [redacted] | E4 | UC | NN | |
| | | | | RS | NN | |
| Chipinka | E1 | Nevarez | S1 | CT | NN | AR |
| | | | | RH | NN | |
| [redacted] | E2 | Nevarez | S1 | TR | PW | AD |
| | | | | CT | NN | BK |
| Courtial | E3 | Nevarez | S1 | CT | FR | AR |
| | | | | PH | NN | BK |
| | | | | PH | NN | SH |
| | | | | PH | SD | HE |
| | | | | RH | NN | |
| [redacted] | E4 | Nevarez | S1 | CT | NN | LE |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |